

# Pathways to Services for Infants and Toddlers with DeafBlindness

## Early Support for Infants and Toddlers (ESIT) Practice Guide

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Washington State Department of  
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## Purpose

Infants and toddlers who are identified with, or who are at risk for, combined hearing and vision concerns may be eligible for services by an ESIT service provider who is a specialist in deafblindness (ESIT DeafBlind specialist).

The purpose of this Practice Guide is to:

- Clarify the role of DeafBlind (DB) specialists in Early Support for Infants and Toddlers (ESIT).
- Explain the pathways to providing DB supports for infants and toddlers enrolled in the ESIT program.

For information on services for infants and toddlers who are deaf/hard of hearing (DHH) *or* blind/low vision (BLV), see the Blind/Low Vision and Deaf/Hard of Hearing Resources dropdown on the [ESIT Practice Guidance webpage](#).

## DeafBlind Specialists

“DeafBlind Specialist” is a general term used to describe professionals who specialize in providing supports to children identified as DB. DB specialists represent several different disciplines and work both within and outside the ESIT system.

Deafblindness requires specialized approaches that differ from those for young children who have been identified as *either* deaf/hard of hearing *or* blind/low vision. DB specialists are trained to work with the unique needs of infants and toddlers who experience *both* vision *and* hearing differences.

The ESIT program recognizes DB specialists working with the [Washington DeafBlind Program](#) (Washington Sensory Disabilities Services-WSDS) as ESIT Service Providers. DeafBlind Program specialists are masters-level professionals with backgrounds in child development, special education, speech language pathology, and/or DB, DHH or BLV education and who have received extensive training, supervision and mentoring in deafblindness.

Teachers of DeafBlind Children (TDB) have completed college-level coursework specifically designed for the education of children who are deafblind. At this time, most states, including Washington, do not have formal certification of TDBs.

DeafBlind Interveners are employed by some school districts to provide one-to-one support throughout the school day to school-age students who are deafblind. Their purpose is to provide access to the general education curriculum, including communication and interaction with peers. Intervener services are provided by an individual who has received specialized training in deafblindness as an intervener and do not typically provide services to children under the age of 3 within the ESIT system.

## Overview of ESIT DB Supports

DB specialists consult with other ESIT service providers or consult with families *in collaboration with another IFSP team member*. They do not provide direct ongoing services to children. Some possibilities are listed below.

Consultation with other ESIT professionals:

- Recommend assessment tools that are valid and useful for children who are deafblind.
- Discuss impact of combined vision and hearing conditions on development and the important role of touch.
- Demonstrate techniques to use with a specific child and family to achieve IFSP outcomes.
- Share resources and online learning opportunities.
- Function as full members of the IFSP team.

Family Consultation:

- Provide information on impact of combined vision and hearing conditions.
- Help determine a child's preferred sensory modality and needs.
- Suggest ways to support communication during daily routines and build on current skills.
- Facilitate family-to-family support.
- Share resources and online learning opportunities.

DB specialists also work with the family and other IFSP team members to conduct initial, ongoing and pre-transition functional child assessments.

## Pathway to ESIT DB Supports

### Referral and Initial Contact

Gather information from referral sources and parents/caregivers about any vision and/or hearing concerns, prior evaluations and assessments, medical records and medical or developmental diagnoses.

### ESIT Eligibility Determination

Children who do not already have a vision- and/or hearing-related diagnosis must have their vision and hearing status addressed during the ESIT eligibility determination and assessment process. DCYF ESIT highly recommends using the Three-Pronged Approach (TPA) to identifying vision and hearing risk factors in infants and toddlers. For more information, see the DCYF TPA training and instructions sheets on the [ESIT Practice Guidance](#) and [Training](#) webpages.

Many vision- and hearing-related diagnoses qualify a child for ESIT enrollment, without having to participate in a norm-referenced eligibility evaluation. See the [ESIT Qualifying Diagnoses List](#) for a list of all diagnoses which confer automatic eligibility. If a child does not have a qualifying diagnosis, ESIT eligibility will be determined using either norm-referenced developmental

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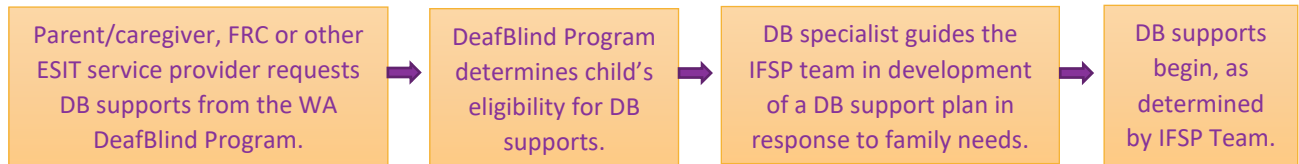
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evaluation or Informed Clinical Opinion. See the [ESIT Evaluation, Assessment, Eligibility and the Initial IFSP Practice Guide](#) for more information on these pathways.

If a child has been identified as, or is suspected to be, blind/low vision or deaf/hard of hearing immediately invite an ESIT vision or DHH specialist to join all pre-IFSP and IFSP activities.

### Pathway to DB Consultation



### DB Supports Eligibility Determination

After a child has been determined eligible for ESIT enrollment, seek parent/caregiver consent to contact the WSDS DB Program to determine if the child is also eligible for DB supports. ESIT service providers may connect with the DB Program staff by clicking the “Request Support” button on the [WA DeafBlind Program webpage](#).

DB Program eligibility determination is typically accomplished via a phone call or email to confirm that the child meets the below requirements.

Children eligible for ESIT DB supports may have hearing levels ranging from mild to profound, and visual diagnoses ranging from low vision to total blindness. It is the *combination* of hearing and vision differences that make a child eligible for DB supports.

Children who meet *any of the following criteria* are eligible for ESIT DB supports:

- Identified as *both* deaf or hard of hearing, *and* blind or low vision
- Diagnosed with medical conditions that put them *at risk for* both hearing- and vision-related diagnoses
- Identified with combined vision and hearing risk factors during screening
- Suspected of hearing and vision concerns that emerged after the Initial IFSP.

If the family has not yet given consent for the referral, the ESIT Provider Agency may contact the DB Program for general questions and support using only the child’s initials or other non-identifying information. Later, if the family is interested, parent/caregiver consent is obtained for more specific supports.

### IFSP Team Formation

Once the child’s eligibility for ESIT DB supports has been confirmed by the DB Program, invite the DB specialist to participate in all pre-IFSP development activities. The DB Specialist should

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be considered a full IFSP team member and included in all pre-IFSP communication, scheduling and development, including child and family assessment, IFSP meeting, and writing of the initial IFSP.

## Assessment

As part of the functional child assessment process, DB specialists may recommend or conduct assessments designed for children with significant disabilities including deafblindness. Information gathered about the child's needs and strengths aids in creating functional IFSP outcomes and planning ESIT services. DB assessment may include both informal procedures and the use of tools, such as the Likes/Dislikes Inventory, Communication Matrix, Home Inventory of Problem Solving Skills, and Home Talk family assessment. Results from DB assessments should be integrated into the Present Levels of Development and Summary of Functional Performance sections of the IFSP.

## Initial IFSP

### **Does an ESIT Provider Agency need their own contract with the WA DeafBlind Program before DB supports may start?**

DB consulting supports from the WA DB Program are free of charge to ESIT-enrolled families and ESIT Provider Agency teams at this time.

### **Should DB specialists be included as providing a Part C service on the IFSP, even if they are acting as consultants to the IFSP team?**

Yes, DB specialists must be added to the IFSP and may be documented on the IFSP as providing the service of Special Instruction or Family Training, Counseling and Home Visits.

### **Can a DB specialist be added to an IFSP if there is no Teacher of the Deaf (TOD) or Teacher of Children with Visual Impairments (TCVI) on the IFSP?**

DB specialists' consultation services cannot substitute for direct services by ESIT service providers, such as TODs or TCVIs. Ideally, IFSP teams for children with deafblindness will include a TOD, a TCVI *and* a DB specialist.

### **Can a DB specialist be the only ESIT service provider, other than the FRC, listed on the IFSP?**

In rare circumstances, it might be possible for the DB specialist to temporarily be the only ESIT service provider, other than FRC, listed on an IFSP.

### **Can DB specialists consult with ESIT service providers other than TODs and TCVIs?**

Yes, DB specialists may consult with any ESIT service provider on the IFSP team. For example, if a consult focused specifically on speech and language issues, the DB specialist might consult with the speech language pathologist and the information would be shared with the entire IFSP team.

## Service Delivery Examples

Families, ESIT Provider Agencies and DB specialists partner in a variety of ESIT service delivery arrangements. DB specialists work with the IFSP team to develop a plan for DB supports, based on the unique needs and preferences of the family. Below are a *few examples* of possible scenarios.

- During the Three-Pronged Approach protocol for screening, a child demonstrated risk factors for both hearing and vision concerns. The FRC contacted the DeafBlind Program and arranged for a DB specialist to participate in the functional child assessment and attend the Initial IFSP meeting.
- A child with a diagnosis of low vision participated in regular sessions with an ESIT Teacher of Children with Visual Impairments (TCVI). An audiology evaluation later identified the child as also being hard of hearing. Because the ESIT Provider Agency did not have a pre-arranged contract with a local DHH agency, the FRC contacted the Center for Deaf and Hard of Hearing Youth to request a Teacher of the Deaf (TOD). The FRC then contacted the DeafBlind Program to arrange for a DB specialist to consult with the TCVI, TOD and family.
- A child was diagnosed with Usher syndrome, which includes progressive loss of vision in combination with an early identification as deaf or hard of hearing. The family asked to connect with other families who have an older child with Usher syndrome, to learn more about the long-term impacts. The DB specialist assisted the family in making this connection.
- The family participated in a year of quarterly joint visits with an ESIT TOD, TCVI, and a DB specialist. To aid transition to Part B services, the DB specialist recommended specialized assessments that led to a strength-based report, recommended consideration of a DB Intervener, and shared pathways to training for the child's preschool team.
- An ESIT Provider Agency contacted the DeafBlind Program to request an in-service training for their staff to be better prepared in supporting families with children who have combined vision and hearing diagnoses. Staff training is not a Part C service that is listed on the IFSP, but it is a support that the WA DB Program offers.

## IFSP Reviews and Annual Updates

Often, a child is identified as deafblind *after* they enroll in ESIT services. At any time during a child's enrollment in ESIT:

- The IFSP team, including the family, may hold an IFSP Review and add outcomes and services related to deafblindness to the IFSP.

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- The FRC or other ESIT service provider, with parent/caregiver consent, may take steps to access DB supports, using the pathway outlined in this document.

DB specialists may reassess development related to combined vision and hearing conditions as needed, when required for annual IFSP updates, and to prepare for transition.

## Transition

Children who are identified as deafblind often have complex needs, and it is best practice to begin transition planning as soon as possible to allow sufficient time to implement a smooth and successful transition when the child turns three years old. Informal transition planning conversations should begin as soon as the child enrolls in ESIT. Development of a formal transition plan should begin no later than nine months before the child's third birthday (27 months of age). It is especially important that a DB specialist be invited to participate in transition activities. Without this early bridge with the family's school district team, a child might not access appropriate services until much later in their education.

## Resources and Citations

### Washington Sensory Disabilities Services

- Washington DeafBlind Program
- DeafBlind Intervener Credential

### Washington Department of Social and Health Services

- Office of the Deaf and Hard of Hearing (ODHH)
  - Family Mentor Services

### Washington State Hands & Voices Guide By Your Side Program

### Intervener Services And Interveners In Educational Settings. National Center on Deaf-Blindness.

### ESIT Practice Guidance webpage

- ESIT Qualifying Diagnoses List
- ESIT Evaluation, Assessment, Eligibility and the Initial IFSP Practice Guide
- Pathways to Services for Infants and Toddlers with Blindness or Low Vision Practice Guide

### ESIT Professional Development Webpage

- Training Portal
- Qualified Personnel Guidelines

### Individuals with Disabilities Education Act Part C

- Types of Early Intervention Services, 34 C.F.R. § 303.13(b) (2023).

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- Qualified Personnel. [34 C.F.R. § 303.13\(c\) \(2023\)](#).
- Content of an IFSP. Information about a child's status, [34 C.F.R. § 303.344\(a\) \(2023\)](#).

ESIT Policies and Procedures

- Infants and toddlers with disabilities. 2.A.23(A)(1)(b)

Washington Administrative Code

- [Early intervention services WAC 110-400-0030 \(g\)](#)